(b) if so, what are the main points mentioned by the Committee;

(c) whether he has expressed concern over delay in reporting of fund utilization in various health programmes including National Rural Health Mission which has led to large pendency of utilization certificates; and

(d) what are the steps his Ministry is considering to take to obtain utilization certificates of the funds used for health?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) No, Sir. The Committee has however noted the uneven pace of progress of National Rural Health Mission (NRHM) across various States. The Committee has also noted that in some States like Uttar Pradesh, NRHM is yet to take off. The Committee has also observed that the Preparatory activities have been completed in 17 non-high focus States.

This Ministry has undertaken active steps for reducing number and amount of pending Utilisation Certificates from States. Inspite of higher allocation for health sector, the outstanding balances have been curtailed. The Ministry is in regular touch with States for obtaining the Financial Management Reports. The stakeholders in States have also been trained on critical role of financial management through regular courses and workshops. Under NRHM, Financial management capacity of States and districts has been augmented through the State and District Programme Management Units which have personnel with accountancy and management background.

UNICEF programme on iodized salt

†1440. SHRI ALI ANWAR: Will the Minister of HEALTH FAMILY WELFARE be pleased to state:

(a) whether it is a fact that UNICEF is organizing various programmes in different parts of the country with Government and non-Government organizations for publicizing iodized salt as protector of intelligence and strength;

(b) whether it is also a fact that UNICEF organized one such programme at Agra on April 12, 2007 and told-the number of people suffering from deficiency of iodine in Uttar Pradesh as ten crores; and

(c) whether it is also a fact that several doctors of S.N. Medical College, Agra have conducted research work on presence of sufficient amount of iodine naturally in a lot of food items in Agra?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) UNICEF in collaboration with the Government of India and State Governments and other partners, undertakes activities contributing to accelerated child survival, nutrition development and protection outcomes in identified States. This includes support for promoting (...

†Original notice of the question was received in Hindi.

Universal Salt Iodisation and universal household consumption of adequately iodised salt, as a part of the control of Iodine Deficiency Disorders Programme.

(b) A District level Media Meeting was organised on April 12, 2007 at Agra by the Academy of Management Studies, Lucknow. UNICEF, however, did not organise the meeting.

(c) Yes, Sir. Post Graduate Department of Medicine of S.N. Medical College, Agra has conducted research on the cause of goitre. The study shows that the Predominant cause of goiter at Agra is Hashimoto's disease which is an autoimmune thyroiditis rather than due to iodine deficiency. Studies on the iodine intake of the patients presenting with goitre have usually shown presence of sufficient amount of iodine in both salt as well as in other items of the diet.

Health care facilities for BPL population

†1441. SHRI AJAY SINGH CHAUTALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are formulating any plan to increase the health care facilities for people living below poverty line living in villages in the country;

(b) if so, the details of such plan proposed, if any, by Government for the year 2007-08 and 2008-09; and

(c) the number of youth living below poverty line who would get health care benefit through such proposed schemes in the States of Haryana during the next two years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Government has launched National Rural Health Mission (NRHM) to expand health care facilities in rural areas with special attention to the underserved and underprivileged communities. NRHM was launched on 12.4.05 and has been operationalized throughout the country with special focus on 18 States, namely Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan, eight North-East States, Himachal Pradesh and Jammu & Kashmir. NRHM seeks to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health care services through creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. NRHM further aims to provide overarching umbrella to existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filaria, Kala Azar, T.B., Leprosy and Integrated Disease Surveillance.

All the youth living below poverty line in the State of Haryana are eligible for getting health care benefit under NRHM.

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†Original notice of the question was received in Hindi.